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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Albert Chenouda Salib

Group Art Unit: 3661

Serial No.: 10/628,632

Examiner: Zanelli, Michael J.

Filed: 07/28/2003

For: SYSTEM AND METHOD FOR OPERATING A ROLLOVER CONTROL SYSTEM  
IN A TRANSITION TO A ROLLOVER CONDITION

Docket No: 203-0816 (FGT 1869 PA)

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the US Patent and Trademark Office (Centralized Facsimile Number) (703) 872-9306.

Signature

Kevin G. Mierzwa

Date: 2/9/05

AMENDMENT UNDER 37 C.F.R. 1.111

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450

02/14/2005 CC Alexandria, VA 22313-1450  
Sale Ref: 00000001 DAH: 061505 10628632  
01 FC:1202 100.00 DA

Sir:

In response to the Office Action dated November 10, 2004, please enter the following amendments and remarks.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 25	Minus	** 23	=	2
	Independent	* 3	Minus	*** 4	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=	
	Independent	*	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=	
	Independent	*	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE	
BASIC FEE	150.00	OR
X\$ 25=		OR
X100=		OR
+180=		OR
TOTAL		OR TOTAL

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE	
X\$ 25=		OR
X100=		OR
+180=		OR
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

RATE	ADDITIONAL FEE	
X\$ 25=		OR
X100=		OR
+180=		OR
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

RATE	ADDITIONAL FEE	
X\$ 25=		OR
X100=		OR
+180=		OR